

Data Collection

These data were collected with the cooperation of the North Carolina Hospital Association. Numerous reports have been provided to participating hospitals showing zip code market shares by hospital service and other tabulations designed to aid long-range planning. Release of data that identify an individual hospital requires written permission from the administrator of the facility, and this has been granted for almost all of the facility-specific data requests we have received. Many requests for regional or statewide aggregations have also been responded to, particularly from health-related programs within the Department of Human Resources. The diagnosis information from the discharge abstracts has been especially useful for portraying inpatient hospital morbidity in North Carolina.

The data were collected exclusively from existing automated systems, requiring no additional forms to be completed by any hospital. The bulk of the data were purchased from the Commission on Professional and Hospital Activities (CPHA), since over 70 percent of North Carolina general hospitals were on PAS in 1980. We received written permission to use these data from 93 of the 94 general hospitals on PAS. This resulted in about 669,000 patient records. Seven large hospitals with in-house computer systems supplied tapes with a total of over 179,000 records. For the remaining, mostly small, hospitals we used data from the Health Care Financing Administration (HCFA) for their Medicare and Medicaid patients, which were submitted by the PSROs in North Carolina. The total record count for all 132 general hospitals was 889,000 including newborns, which represents about 93 percent of the 1980 inpatients of these facilities. Thus we are missing only the nonfederal-pay patients in about 30 small hospitals, and almost all patients age 65 and over are included since no Medicare data are missing. To complete the data for Medicare and Medicaid patients, we added patient records from HCFA for North Carolina residents going to South Carolina and Virginia hospitals (about 4000). Thus we have information for nearly all 1980 Medicare and Medicaid patients who were residents of North Carolina, except in a few areas with patients going to hospitals in Georgia and Tennessee. It is this subfile that we have used to produce the hospital utilization rates by county of residence in Tables 6-9.

The variables collected for each of the 1980 hospital inpatients are: hospital ID, admission and discharge dates, age, race, sex, payment source, up to seven diagnoses, discharge status, up to eleven operative and/or diagnostic procedures, county and zip code of patient's residence, and major hospital service category (derived from principal procedure and diagnosis). These 1980 data were assembled, edited, and ready for analysis by January 1982.

Validation of the 1980 Data with Other Sources

Another major data base that covers total 1980 utilization of North Carolina short-stay general hospitals is the hospital relicensure information collected by the Division of Facility Services (DFS) (2). These are facility summaries that do not contain nearly as much detail as the patient discharge data, though it is public information available every year. Some broad comparisons of the two data sets are possible. One discrepancy is that the DFS data were collected for the period 10/1/79 through 9/30/80 whereas the discharge data are for calendar year 1980. The numbers presented in this section from the 1980 discharge data have been appropriately adjusted to account for an overall seven percent missing patients statewide.